



James M Gillie
COMMISSIONER

City of Danville
OFFICE OF
COMMISSIONER OF THE REVENUE



311 MEMORIAL DRIVE
PO BOX 480
DANVILLE, VIRGINIA 24543
(434) 799-5145
(434) 799-5148 Fax

**REGISTRATION FOR MEALS TAX
ORDINANCE NO. 086-16.18**

FEDERAL ID# OR SS# _____

TRADE NAME OF BUSINESS: _____

OWNER: _____

LOCATION OF BUSINESS: _____
STREET & NUMBER

CLASS: _____
RESTAURANT, CAFETERIA, DELICATESSEN, SNACK BAR, ETC

MAILING ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

TYPE OF OWNERSHIP: _____
INDIVIDUAL-PARTNERSHIP-CORPORATION

CORPORATION NAME OF OFFICIALS: _____

DATE STARTED AT THIS LOCATION: _____

NAME OF BUSINESS SUCCEEDING: _____

SIGNATURE: _____ DATE: _____

TITLE: _____

PLEASE MAIL THIS FORM WITH YOUR FIRST MEALS TAX RETURN.

Thomas Constantine Meals Tax Inspector

email: consttp@ci.danville.va.us